

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div> | |
| Mailing Address 1900 Glen West Way | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : e44aef49-283a-42f5-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">106363.73</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|---|
| Full Name of Payee James A Sears | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div> | |
| Mailing Address 305 Averroe Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div> | |
| City Apex | State NC | Zip Code 27502 | Transaction ID : c9422cba-cf68-43ae-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">330480.58</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 27 / 2014

Signature